

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ ~~Medical (\$7.50)~~ (N/A On going issue)
- ☐ Dental (\$7.50)
- ☐ Mental Health (No Charge)

MR#

RE: DENIAL OF ACID REFLEX MEDICATION

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>			Housing Unit <i>M6/43</i>	
Date of Birth <i>[REDACTED] 1/87</i>	Booking # <i>2019003347</i>	Service Charge \$7.50	Collection Date: <i>4/18/19</i> Time: <i>0700 u</i>	

Slip Triage Date _____ Time _____ RN (Initials) _____

This form is a request to be seen by a licensed staff member from the Health Services Unit.
 Completion of this form does not guarantee a visit with a health care/mental health professional.
 Responses to this request will be based on a review of your Medical Records and is at the discretion of the
 Health/ Mental Health Services Staff.

I understand that the necessary applicable funds will be deducted from my commissary account. I further understand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds are currently available, a negative balance will be entered into my account.
 The negative balance will be deducted from any monies deposited.

Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>4-18-19</i>	Time <i>8:25 AM</i>
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Milwaukee County Corrections Health Care**Non Emergency Health Care Request Form**

Check one box

☐ Medical (\$7.50)☐ Dental (\$7.50)☒ Mental Health (No Charge)

TO: JILL BERGAN (MH SUPERVISOR)

JOEL DEWITT (MH DIRECTOR)

MR#

RE: DENIAL OF PRESCRIPTION MEDICATION

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>			Housing Unit <i>M6-43</i>
Date of Birth <i>1/87</i>	Booking # <i>209003319</i>	Service Charge \$7.50	Collection Date: <i>4/18/19</i> Time: <i>0700 u</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>4-18-19</i>	Time <i>8:30 AM</i>
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Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☐ Medical (\$20.00)☐ Dental (\$20.00)☒ Mental Health (No Charge)

MR#

Re: untreated MH disorders since 3/8/19

Inmate Name (Please print)

Nehemias Huertas Jr.

Housing Unit

3B-46

Date of Birth

1987

Booking #

2019003347

Collection

Date: *5/2/19*Time: *7pm*

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Nehemias Huertas Jr.

Date

5-2-19

Time

7pm

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☒ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)

N/A On going issue, untreated
NOTE: HOC transfer.

MR#

Inmate Name (Please print)

Nehemias Huertas JR.

Housing Unit

3B / 46

Date of Birth

1/1987

Booking #

2019003347

Collection

Date: *05/02/19*Time: *7PM*

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Nehemias Huertas JR.

Date

05/02/19

Time

7PM

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ Medical (\$20.00) *NA on going issue*
- ☐ Dental (\$20.00)
- ☐ Mental Health (No Charge)

MR#

Inmate Name (Please print)

Housing Unit

*Nehemias Huertas Jr.**3B/46*

Date of Birth

Booking #

Collection

Date:

Time:

*1/87**2019003347**5/3/19**8:30am*

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Date

Time

*Nehemias Huertas Jr.**5/3/19**8:30am*

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ **Medical (\$20.00)** *on going issue/follow up*
☐ **Dental (\$20.00)** *re: HOC transfer*
☐ **Mental Health (No Charge)** *medical restrictions*

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>		Housing Unit <i>3B/46</i>
Date of Birth <i>[REDACTED] 1987</i>	Booking # <i>2019 003347</i>	Collection Date: <i>5/3/19</i> Time: <i>8:40pm</i> <i>VT</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>5/3/19</i>	Time <i>8:40pm</i>
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Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☒ ~~Medical (\$20.00)~~
☐ Dental (\$20.00)

☐ Mental Health (No Charge)

*N/A Ongoing issue
Ret Refills*

MR#

Inmate Name (Please print)

Nechemias Huertas Jr.

Housing Unit

3B-46

Date of Birth

1987

Booking #

2019003347

Collection

5/4/19

11AM

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Nechemias Huertas Jr.

Date

5/4/19

Time

11AM

Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)

MR#

Inmate Name (Please print) NEHEMIAS HUERTAS JR.		Housing Unit 3B-46
Date of Birth 1/87	Booking # 2019003347	Collection Date: 5/5/19 Time: 10:30am

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature Neh Huertas Jr.	Date 5/5/19	Time 10:30am
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Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ Medical (\$20.00) *N/A on going issue*
☐ Dental (\$20.00) *Ref medical*
☐ Mental Health (No Charge) *Rec. Review*

MR#

Inmate Name (Please print)

NEHEMIAS HUERTAS JR

Housing Unit

3B-46

Date of Birth

1/87

Booking #

2019003347

Collection

Date:

5/5/19

Time:

10:30am

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Neheмиас Huertas Jr

Date

5/5/19

Time

10:30am

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☐ Medical (\$20.00)☐ Dental (\$20.00)☒ Mental Health (No Charge)

MR#

Re: Untreated mental health disorders

Inmate Name (Please print) NEHEMIAS HUERTAS JR.		Housing Unit 3B - 46
Date of Birth -87	Booking # 2019003347	Collection Date: 5-7-19 Time: 10:50pm

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>[Signature]</i>	Date 5/7/19	Time 10:50pm
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Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☒ Medical (\$28.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)

MR#

Inmate Name (Please print)

Housing Unit

3B-46

Date of Birth

Booking #

Collection

Date:

Time:

1/87

2019003347

5-8-19

9:40PM

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Date

Time

[Signature]

5-8-19

9:40PM

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ Medical (\$20.00) *W/A on going issue*
☐ Dental (\$20.00) *RL: follow up*
☐ Mental Health (No Charge)

MR#

Inmate Name (Please print) NEHEMIAS HUERTAS JR		Housing Unit 3B-46	
Date of Birth 5-87	Booking # 2019003347	Collection Date: 5-8-19	Time: 8pm

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Neheмиас Huertas Jr.</i>	Date 5-8-19	Time 8pm
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Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

- ☒ **Medical (\$20.00)** *N/A on going issue*
- ☐ **Dental (\$20.00)**
- ☐ **Mental Health (No Charge)**

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>		Housing Unit <i>5D-12</i>
Date of Birth <i>87</i>	Booking # <i>2019003347</i>	Collection Date: <i>5-20-19</i> Time: <i>3PM</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>5/20/19</i>	Time <i>3PM</i>
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Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☒ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)*On going issue
(FREE)*

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>		Housing Unit <i>5D 12</i>
Date of Birth <i>[REDACTED] 87</i>	Booking # <i>2019003347</i>	Collection Date: <i>5/30/19</i> Time: <i>0955</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>5/30/2019</i>	Time
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Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$10.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)

NA SHOULD be Free please
don't charge me...
just a question.

MR#

Inmate Name (Please print) Nehemias Huertas Jr.		Housing Unit 5D-12
Date of Birth 1/87	Booking # 2019003347	Collection Date: 6/12/19 Time: 4:10pm

Slip Triage Date

7/11/19

Time

1611

RN (Initials)

[Signature]

This form is a request to be seen by a licensed staff member from the Health Services Unit. Completion of this form does not guarantee a visit with a health care/mental health professional. Responses to this request will be based on a review of your Medical Records and is at the discretion of the Health/ Mental Health Services Staff.

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Inmate Signature Nehemias Huertas Jr.	Date 6/12/19	Time 4:10pm
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Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)**N/A NO CHARGE****RE: COPY OF Request**

MR#

Inmate Name (Please print)

Nehemias Huertas JR

Housing Unit

SD-12

Date of Birth

87

Booking #

201903347

Collection

Date:

6-14-19

Time:

8PM

Slip Triage Date

Time

RN (Initials)

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The negative balance will be deducted from any monies deposited.

6/14/19 2055

Inmate Signature

Nehemias Huertas JR.

Date

6/14/19

Time

8PM

Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

☐ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)**N/A NO CHARGE**
RE: ROI'S

MR#

Inmate Name (Please print) NEHEMIAS HUERTAS JR.		Housing Unit 5D-12
Date of Birth 1/87	Booking # 2019003347	Collection Date: 6/14/19 Time: 8pm

Slip Triage Date _____ Time _____ RN (Initials) _____

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JA 6/14/19 2055

Inmate Signature Neheмиас Huertas Jr.	Date 6/14/19	Time 8pm
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Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)*N/A On going issue
Re: Reenrollment*

MR#

Inmate Name (Please print)

Nehemias Huertas Jr.

Housing Unit

5D-12

Date of Birth

[Redacted] 87

Booking #

2019003347

Collection

Date: *6/14/19* Time: *7:30pm*

Slip Triage Date _____ Time _____ RN (Initials) _____

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NH 6/14/19 2040

Inmate Signature

Nehemias Huertas Jr.

Date

6/14/19

Time

7:30pm

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ ~~Medical (\$20.00)~~
☐ Dental (\$20.00)
☒ Mental Health (No Charge)

MR#

Inmate Name (Please print) Nehemias Huertas Jr.		Housing Unit 5D-12
Date of Birth [REDACTED]-87	Booking # 2019003347	Collection Date: 6/20/19 Time: 3:30pm
Slip Triage Date 6/20/19 Time 1300		RN (Initials) Hand

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Inmate Signature Nehemias Huertas Jr.	Date 6/20/19	Time 3:30PM
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Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

☒ **Medical (\$20.00)**☐ **Dental (\$20.00)**☐ **Mental Health (No Charge)****FREE, ON GOING ISSUE****Re: Med. Restrictions****Re: extra blankets, lower bunk**

MR#

Inmate Name (Please print)

NEHEMIAS HUERTAS JR.

Housing Unit

SD-12

Date of Birth

87

Booking #

2019003347

Collection

Date: **6/26/19**

Time:

10AM**JB**

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Neheミア Huertas Jr

Date

6/26/19

Time

10AM

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☐ Medical (\$20.00)
☐ Dental (\$20.00)
☒ Mental Health (No Charge)

MR#

Inmate Name (Please print) NEHEMIAS HUERTAS JR.		Housing Unit 5D-12
Date of Birth [REDACTED]-87	Booking # 2019003347	Collection Date: 7-4-12 Time: 9:30AM

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature Nehemias Huertas Jr.	Date 7-4-12	Time 9:30AM
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Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50)☐ Dental (\$7.50)☐ Mental Health (No Charge)

MR#

Inmate Name (Please print)

Housing Unit

Nehemias Huertas Jr

5D-16

Date of Birth

Booking #

Service Charge

Collection

Date:

Time:

87

2019003347

\$7.50

8-1-19

10:20am

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature

Date

Time

Nehemias Huertas Jr

8-1-19

10:20am

Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

Check one box

- ☒ **Medical (\$20.00)** N/A SHOULD BE FREE, TO
☐ **Dental (\$20.00)** KNOW WHAT PROVIDER ORDERED
☐ **Mental Health (No Charge)**

MR#

Inmate Name (Please print) HUERTAS JR, NEHEMIAS		Housing Unit SD-16
Date of Birth 1987	Booking # 2019003347	Collection Date: 08-03-2019 Time: 1:20pm

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature Nehean Huerta Jr.	Date 08/03/19	Time 1:20pm
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Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

- ☒ Medical (\$25.00) *N/A Pre existing condition (FREE)*
- ☐ Dental (\$20.00)
- ☐ Mental Health (No Charge)

MR#

Inmate Name (Please print) <i>NEHEMIAS HUERTAS JR</i>		Housing Unit <i>5D-16</i>	
Date of Birth <i>[REDACTED] 1987</i>	Booking # <i>2019003347</i>	Collection Date: <i>08/04/19</i>	Time: <i>8:40AM</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr</i>	Date <i>08/04/19</i>	Time <i>8:40 AM</i>
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Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

- ☐ Medical (\$7.50)
☐ Dental (\$7.50)
☐ Mental Health (No Charge)

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>		Housing Unit <i>52-29</i>	
Date of Birth <i>1987</i>	Booking #	Service Charge \$7.50	Collection Date: <i>9/9/9</i> Time: <i>8pm</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Neh Huertas Jr.</i>	Date <i>9/9/19</i>	Time <i>8pm</i>
--	-----------------------	--------------------

Milwaukee County Correctional Health Care
Non Emergency Health Care Request Form

1943

Check one box

☒ Medical (\$20.00)☐ Dental (\$20.00)☐ Mental Health (No Charge)N/A SHOULD BE FREE
PRE EXISTING MATTER

MR#

Inmate Name (Please print) Nehemias Huertas Jr.		Housing Unit 5D-29
Date of Birth [REDACTED]-87	Booking # 2019003347	Collection Date: 9/9/19 Time:

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature Nehemias Huertas Jr.	Date 9/9/19	Time
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Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

☐ Medical (\$7.50)☐ Dental (\$7.50)☒ Mental Health (No Charge)

MR#

Inmate Name (Please print)

Nehemias Huertas JR.

Housing Unit

5D-29

Date of Birth

87

Booking #

2019003347

Service Charge

\$7.50

Collection

Date:

9-12-19

Time:

4:21pm

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Nehemias Huertas JR.

Date

9-12-19

Time

4:21pm

Milwaukee County Corrections Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50)☐ Dental (\$7.50)☐ Mental Health (No Charge)*N/A Just a question
Re: ROI's / signed*

MR#

Inmate Name (Please print)

Housing Unit

*Nehemias Huertas Jr.**SD-29*

Date of Birth

Booking #

Service Charge

Collection Date:

Time:

*87**2019003347***\$7.50***9-12-19**7:25pm*

Slip Triage Date _____ Time _____ RN (Initials) _____

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The negative balance will be deducted from any monies deposited.

Inmate Signature

Date

Time

*Nehemias Huertas Jr.**9-12-19**7:25pm*

Milwaukee County Corrections Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50)☐ Dental (\$7.50)☐ Mental Health (No Charge)*N/A Providing medical documents*

MR#

Inmate Name (Please print)

Housing Unit

*Nehemias Huertas Jr.**SD-29*

Date of Birth

Booking #

Service Charge

Collection

Date:

Time:

*87**201903347**\$7.50**9/12/19**2:25pm*

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Date

Time

*Nehemias Huertas Jr.**9-12-19**7:25pm*

Milwaukee County Correctional Health Care

Non Emergency Health Care Request Form

Check one box

☐ Medical (\$20.00)☐ Dental (\$20.00)☒ Mental Health (No Charge)

*Re: intentional interfering w/ outside
doctor's prescribed order.*

MR#

*Provide laws & regulations
on outside doctors order & Jail Health Service*

*not able
to provide
NAC
OTIS*

Inmate Name (Please print) Nehemias Huertas Jr.		Housing Unit 5D-29
Date of Birth 1987	Booking # 2019003347	Collection Date: 09-15-2019 Time: 08:10 AM

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date 09-15-2019	Time 08:10 AM
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Milwaukee County Corrections Health Care
Non Emergency Health Care Request Form

Check one box

☒ ~~Medical (\$7.50)~~ *N/A Medical Question*☐ Dental (\$7.50)☐ Mental Health (No Charge)

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>			Housing Unit <i>5D-29</i>
Date of Birth <i>87</i>	Booking # <i>2019003347</i>	Service Charge \$7.50	Collection Date: <i>9/23/2019</i> Time: <i>1:12 PM</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>9/23/2019</i>	Time <i>1:12 PM</i>
---	--------------------------	------------------------

Milwaukee County Corrections Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50) *N/A Medical ?*☐ Dental (\$7.50)☐ Mental Health (No Charge)

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>		Housing Unit <i>5D-29</i>	
Date of Birth <i>1/87</i>	Booking # <i>2019003347</i>	Service Charge <i>\$7.50</i>	Collection Date <i>9/23/19</i>
			Time: <i>8:45 PM</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>9/23/19</i>	Time <i>8:45 PM</i>
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Milwaukee County Corrections Health Care
Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50)☐ Dental (\$7.50)☐ Mental Health (No Charge)

MR#

Inmate Name (Please print)

Housing Unit

Nehemias Huertas JR.

5D-29

Date of Birth

Booking #

Service Charge

Collection

[REDACTED] 1987

20190037

\$7.50

Date: 09-25-19 Time: 1946

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature

Date

Time

Nehemias Huertas JR.

09-25-19

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50)☐ Dental (\$7.50)☐ Mental Health (No Charge)*N/A Medical Information*

MR#

Inmate Name (Please print)

Housing Unit

*Nehemias Huertas Jr.**5D-29*

Date of Birth

Booking #

Service Charge

Collection

Date:

Time:

*-87**2019003347***\$7.50***9/26/19**4:42 PM*

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Date

Time

*Nehemias Huertas Jr.**09/26/19**4:42 PM*

Milwaukee County Corrections Health Care**Non Emergency Health Care Request Form**

Check one box

☒ **Medical** (\$7.50) *N/A*☐ **Dental** (\$7.50)☐ **Mental Health** (No Charge)*Re: Pre existing issues
Chronic Pain (L. Elbow, Back, R. Leg)*

MR#

Inmate Name (Please print)

Nehemias Huertas Jr.

Housing Unit

5D-29

Date of Birth

-1987

Booking #

2019003347

Service Charge

\$7.50

Collection

9/26/19

Time:

9:24/19

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Nehemias Huertas Jr.

Date

09-26-2019

Time

4:42pm

Milwaukee County Corrections Health Care**Non Emergency Health Care Request Form**

Check one box

☐ Medical (\$7.50)☐ Dental (\$7.50)☒ Mental Health (No Charge)*Re: Alternative treatment plan while
in custody ??*

MR#

Continuously disregarded...

Inmate Name (Please print)

Nehemias Huertas Jr.

Housing Unit

5D-29

Date of Birth

1/87

Booking #

2019003347

Service Charge

\$7.50

Collection

Date:

9/26/19

Time:

4:40pm

Slip Triage Date

Time

RN (Initials)

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 derstand that medical/dental care will not be refused to any inmate based on his/her ability to pay. If no funds
 are currently available, a negative balance will be entered into my account.
 The negative balance will be deducted from any monies deposited.

Inmate Signature

Nehemias Huertas Jr.

Date

09-26-19

Time

4:42pm

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

☒ Medical (\$7.50) *N/A*☐ Dental (\$7.50)☐ Mental Health (No Charge)*Medical Information
(Educational)*

MR#

Inmate Name (Please print)

Nehemias Huertas Jr.

Housing Unit

5D-29

Date of Birth

-87

Booking #

2019003347

Service Charge

\$7.50

Collection

Date:

9/26/19

Time:

4:47 PM

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature

Nehemias Huertas Jr.

Date

9/26/19

Time

4:42 PM

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

☐ Medical (\$7.50)☐ Dental (\$7.50)☒ Mental Health (No Charge)

MR#

Inmate Name (Please print)

Housing Unit

Nehemias Huertas Jr

SD-29

Date of Birth

Booking #

Service Charge

Collection

[REDACTED] 87

2019003347

\$7.50

Date:

9/20/19

Time:

1:10

Slip Triage Date

Time

RN (Initials)

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Inmate Signature

Date

Time

Nehemias Huertas Jr.

9-30-19

1:10 PM

Milwaukee County Corrections Health Care

Non Emergency Health Care Request Form

Check one box

☐ Medical (\$7.50)☐ Dental (\$7.50)☒ Mental Health (No Charge)

MR#

Inmate Name (Please print) <i>Nehemias Huertas Jr.</i>		Housing Unit <i>5D-29</i>	
Date of Birth <i>87</i>	Booking # <i>2019003347</i>	Service Charge \$7.50	Collection Date: <i>10-3-19</i> Time: <i>9:21</i>

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature <i>Nehemias Huertas Jr.</i>	Date <i>10/3/2019</i>	Time <i>9:20 AM</i>
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Milwaukee County Corrections Health Care**Non Emergency Health Care Request Form**

Check one box

- ☒ ~~Medical (\$7.50)~~ **N/A**
- ☐ Dental (\$7.50)
- ☐ Mental Health (No Charge)

**PLEASE STOP CHARGING ME
FOR PRE EXISTING ISSUES
ON GOING MATTERS**

MR#

Inmate Name (Please print) Nehemias Huertas Jr			Housing Unit 5D-29	
Date of Birth 87	Booking # 2019003347	Service Charge \$7.50	Collection Date: 10/6/19	Room Time: 1957

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature Nehemias Huertas Jr	Date 10/6/19	Time 7:55PM
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Milwaukee County Corrections Health Care**Non Emergency Health Care Request Form**

Check one box

☒ **Medical (\$7.50)**☐ **Dental (\$7.50)**☐ **Mental Health (No Charge)**

MR#

Inmate Name (Please print)

NEHEMIAS HUERTAS JR

Housing Unit

5D-29

Date of Birth

87

Booking #

2019003347

Service Charge

\$7.50

Collection

Date: 10/11/19

B2
Time: 1938

Slip Triage Date _____ Time _____ RN (Initials) _____

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Inmate Signature

Date

10/11/19

Time

7:40PM

TO:

10-17-2019
Medical Supervisor Jordan RN

Can I please have a copy of all
my Medical grievances response
from HOC which were never
provided to me by paper because
they are done on the Kiosk & I
got remanded May 1st, 2019
back to the CJF.

Thank You

Grievances are
not part of a medical
Chart, up to custody
to release

BOOKING #:

2019003347

PRINT NAME:

Nehemias Huertas Jr

OFFICER:

87

RESPONDING:

10-19-79

TO:

TO WHOM IT MAY CONCERN

STOP giving me the run
around! You say "I should
have received a response" and
in telling you I never did nor
did I received a RECEIPT.

I'll pay for a copy I don't care
charge my Account. How hard
is that?

(See attached)

BOOKING #:

2019003347

POD/CELL:

5D-29

PRINT NAME:

Nehemias Huertas

Date of Birth:

[REDACTED]-87

OFFICER:

EW

RESPONDING:

TO:

CO COLE

10-4-2019

I never received a Carbon
copy or receipt to grievance#:

19-002076

19-001841

19-001868

19-001536

19-001866

19-001469

19-001486

19-001442

19-001378

19-001280

19-001311

BOOKING #:

2019003347

POD/CELL:

5D-29✓

PRINT NAME:

Nehemias Huertas Jr

Date of Birth:

[REDACTED] 87

OFFICER:

RESPONDING:

You should have received
a response.

TO:

CMS GRIEVANCES

I Was never provided with a copy
and/or response to
grievances #:

19-001721 07/12/19

19-002007 07/16/19

19-002025 08/07/19

19-002008 08/13/19

19-002075 08/24/19

19-002076 08/24/19

Can I please have my
copy?

Thank you!

BOOKING #:

2019003347

POD/CELL:

50-29

PRINT NAME:

Nehemias Huertas

Date of Birth:

[REDACTED] -87

OFFICER:

[Signature]

RESPONDING:

You should have
recieve a response.

TO: OPEN RECORDS 10/01/2019

I was never provided w/ a copy
and/or response to
GRIEVANCES #:

19-001721 07-12-2019

19-002007 07-16-2019

19-002025 08-07-2019

19-002008 08-13-2019

19-002075 08-24-2019

19-002076 08-24-2019

Can I please have My copy?

Thank you!

BOOKING #:

2019003347

POD/CELL:

SD-29

PRINT NAME:

Nehemias Huertas

Date of Birth:

[REDACTED]-87

OFFICER:

[Signature]

RESPONDING:

9-18-2019

~~TO: JAN TIERNEY~~ or to whom it may concern
- Special Projects -

I need a copy of all my grievances
submitted between March, 2019
& April, 2019 at the HOUSE OF
CORRECTION as I was never provided
a carbon copy nor a receipt since
grievances at the HOC are
done on the "Kiosk"

BOOKING #:

2019003347

POD/CELL:

5D-29

PRINT NAME:

Nehemias Huertas Jr.

Date of Birth:

[REDACTED] 1987

OFFICER:

RESPONDING:

TO:

CO COLE

10-05-2019

I HAVEN'T RECEIVED A
RECEIPT NOR A RESPONSE
TO THE FOLLOWING
GRIEVANCES. (PLEASE SEE
ATTACHED)..

I Would like a Receipt
and Response.

Thank You!

BOOKING #:

2019003347

POD/CELL:

5D-29 ✓

PRINT NAME:

Nehemias Huertas

Date of Birth:

-87

OFFICER:

RESPONDING:

TO: CO COLE

10-05-2019

Re: Unanswered grievances & receipts not provided:

- 1) Grievance Date 07-12-2019 @ 08:52pm, regarding mail hand over to CO SMITH not sent on 06-19-2019 (Carbon copy available & Signed). Mail was never logged neither.
- 2) Grievance Date 07-16-2019 @ 08:10 pm, regarding mail hand over to CO Broske on 07-12-2019 not sent, (Carbon copy available & Signed). Mail was never logged neither.
- 3) Grievance Date 07-16-2019 @ 08:10pm, regarding Mail hand over to CO S. Peterson ^{on (07-09-19)} not sent or logged, (Carbon copy available & Signed).
- 4) Grievance Date 08-21-2019 @ 04:03pm, regarding mail hand over to CO C.A. Working the SD Pod on 07-16-19 not sent or logged, (Carbon copy available & Signed).
- 5) Grievance Date 08/21/2019 @ 09:05Am, regarding mail hand over to CO A.G. Working the SD Pod on 08/21/19, never sent or logged, (Carbon copy available & Signed).
- 6) Grievance Date 08/21/2019 @ 09:05Am, regarding mail hand over to CO B.H working the SD Pod on 08-13-19, never sent or logged.
- 7) Grievance Date 08/24/2019 @ 9:15 Am, regarding mail not

being sent or logged.

8) Grievance Date 08-24-2019 @ 09:20 AM, regarding my Mail which was sent out 06-18-2019 hand over to CO Fernandez-Rosa going out to OASIS, never sent or logged, (carbon copy available & signed).

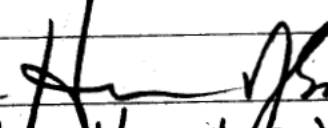
9) Grievance Date 08-24-2019 @ 07:10 PM, regarding HOC grievances carbon copy & response never provided

10) Grievance Date 08/29/2019 @ 10:47 AM, regarding appeal to grievance 19-001866, (carbon copy available & signed).

11) Grievance Date 09-03-19 @ 09:05 PM, regarding appeal to grievance # 19-001745, (carbon copy available & signed).

I would like my receipt & response to the grievances (11) listed above.

Thank you!

- Neh  #343598

Nehemias Huertas Jr. Booking NO. 2019003347

MILW. CO. Jail

DOB  87

949 N. 9th St.

MILW. WI 53233

C. C.